TERM DESCRIPTION
Women's and Children's Hospital
Obstetrics and Gynaecology PGY2+

This document is designed to provide important information to junior doctors regarding a particular rotation. It is best regarded as a clinical job description and should contain information regarding the:

- Casemix and workload,
- Roles & Responsibilities,
- Supervision arrangements,
- Contact Details,
- Weekly timetable, and
- Learning objectives.

The Term Description may be supplemented by additional information such as Clinical Protocols which are term specific. Term Supervisors should have considerable input into the content of the Term Description and they are responsible for approving the content. In determining learning objectives, Supervisors should refer to the Australian Curriculum Framework for Junior Doctors (ACFJD). The Term Description is a crucial component of Orientation to the Term however it should also be referred to during the Mid Term Appraisal and End of Term Assessment processes with the junior doctor.

<table>
<tr><td>FACILITY</td><td>Women's and Children's Hospital</td></tr>
<tr><td>TERM NAME</td><td>Obstetrics and Gynaecology – PGY2+</td></tr>
<tr><td>TERM SUPERVISOR</td><td>Dr Geoff Matthews, Director of Obstetrics
Dr Mojgan Vatani, Obstetrics and Gynaecology Consultant
Dr Sabrina Kuah, Director Labour Ward</td></tr>
<tr><td>CLINICAL TEAM
Include contact details of all relevant team members</td><td>• Dr Geoff Matthews, Director of Obstetrics
• Dr Prabhath Wagaarachchi, Unit Head Gynaecology - 8161 7590
• Dr Chris Wilkinson, Unit Head Maternal Fetal Medicine – 81617633
• Dr Dee McCormack, Director Women's Assessment Service
• Dr Sabrina Kuah, Director Labour Ward
• Dr Mojgan Vatani, O&G Consultant

Duty Consultants and Registrar system, as follows

• In Women's Assessment through "3rd on" Registrar to Gynaecology or Obstetric Consultant on call
• In Labour Ward through the "1st on" Registrar to the Obstetric Consultant on call
• In Labour ward there is a 2nd on Registrar for the Caesarean section lists
• In Postnatal Ward through the "4th on" Registrar to the Obstetric consultant on call, and the Postnatal Duty Consultant – If no 4th on Registrar rostered it reverts to the 3rd on registrar</td></tr>
<tr><td>ACCREDITED TERM FOR</td><td>
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<tr><th></th><th>NUMBER</th><th>CORE/ELECTIVE</th><th>DURATION</th></tr>
<tr><td>PGY2+(RMO)</td><td>12</td><td>Elective</td><td>13 weeks</td></tr>
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OVERVIEW OF UNIT OR SERVICE *Include outline of the role of the unit, range of clinical services provided, case mix etc.*	To promote excellence in the delivery of health care and to foster teaching and research relevant to the health and welfare of women and children. All services are integrated with the Women's and Children's Hospital and have an active role in undergraduate and postgraduate education and in research. General Trainees service Maternity out patients and inpatients, antenatal and prenatal care, and gynaecology. The WCH delivers approximately 5,000 patients per year. All RMOs undertaking a rotation in WCHN O&G will complete shifts in the following areas: • Post natal • Delivery Suite • Women's Assessment Service • Women's Outpatient Clinic • Nights (approximately 2 sets, 3 sets if you are completing the DRANZCOG) A total of 4 RMOs per year will have the opportunity to work in the WCHN Gynaecology Unit. See below for how this opportunity is managed. A RMO working in the postnatal ward will commonly admit 2-3 patients per day. A RMO working in the gynaecology ward would generally discharge 5-10 patients per day and review emergency gynaecology admissions in the emergency department up to 3 per day. RMOs will also attend the pre admission clinic.
REQUIREMENTS FOR COMMENCING THE TERM: *Identify the knowledge or skills required by the JMO* **before** *commencing the Term and how the term supervisor will determine competency*	The workload and requirement for continuity of patient care in the WCHN Gynaecology Unit requires that only one PGY 2+ doctor will rotate to this area per term (ie 4 rotations per year). Therefore selection to participate in this rotation is competitive. To participate in this rotation you must indicate your preference for this rotation (during the WCHN recruitment process) and you will be selected for this rotation (for 1 term) based upon your performance in the recruitment process (ie those assessed as having performed best and have the highest recruitment score will be offered a rotation to the Gynaecology Unit for 1 term. RMOs must complete the mandated orientation course by the end of the first week of the rotation. This is explained on orientation day & in the department handbook. RMOs must complete, early in the rotation, Women's and Children's Obstetric Resuscitation Emergency Management Operational Skills Training and the Neonatal Resus Program. These courses are covered in the January Orientation for PGY2+s.
ORIENTATION *Include detail regarding the arrangements for Orientation to the Term, including who is responsible for providing the Term Orientation and any additional resource documents such as clinical policies and guidelines required as reference material for the junior doctor.*	An orientation will be provided by Unit on the first day of the Term. This will be undertaken by the chief resident and CSC from the 3 clinical areas and will include Unit policy and procedures and areas of clinical work. The Handbook is given on a USB stick at orientation. This handbook is aimed at registrar level and RMOs and contains detailed guidelines and protocols for management of Patients. If you think something has changed or something needs to be added to the handbook please inform us. **Geography of the Clinical Areas** The Obstetrics, Gynaecology and Reproductive Medicine Department is located

	across various areas of WCH. **Ground Level** Admissions, Women's Assessment (Women's Emergency) The Gynaecology Theatres (QVOS) **Level 1** Women's Outpatient Clinic – including Obstetrics and Gynaecology services Preadmission Clinic Women's anaesthesia O & G Administration Office Neonatal Administration Office Women's physiotherapy, Women's social work Play deck **Level 2** The Antenatal/Gynaecology Ward and the Women's Ultrasound Department Maternal Fetal Medicine Unit Cafe TMO Lounge **Level 3** Delivery Suite Midwifery Group Practice Neonatal Intensive Care and Special Care Baby Nurseries **Level 4** East and West Postnatal Ward Registrar Office
JUNIOR DOCTOR'S CLINICAL RESPONSIBILITIES AND TASKS *List routine duties and responsibilities including clinical handover*	**General** The RMO is responsible, under supervision, for the admission, day-to-day management and discharge of all obstetric and gynaecology patients including preparation of Discharge Summaries. All patients are to be formally admitted making sure that the case-notes are correctly and completely documented, recording all appropriate aspects of the case. The RMO is expected to maintain the patient's records including OACIS for all patients. Clear and accurate documentation of the patient's admission and management, including the date and time of consultation, must be clearly recorded in the WCH case records. All entries must be date/timed and signed and **the doctor's name printed clearly.** Concise documentation of the labour, delivery and examination of the neonate must be recorded in the case notes, together with the time, date, designation and legible signature. **OACIS/ORMIS** documentation completed for caesarean sections. All inpatient gynaecology and antenatal patients must be reviewed every weekday by the RMO. Every effort must be made to keep all members of the team informed of any changes in the clinical status or management of the patient. Any other duties as requested by the Director of the unit (or his nominee) in the case of unplanned RMO absences or emergencies. All RMOs must ensure that they take a 30-minute meal break following completion of 5 hours continuous duty. **DE (Delivery Suite)**

The RMO is a core team member with the midwife team leader, the Consultant and the Obstetric Registrar on duty.

All babies are required to have a general medical examination before leaving Labour and Delivery Suite. The Neonatal Registrars conduct the discharge from hospital examination.

The RMO will **inform the Obstetric Registrar of every admission** to the unit who will in turn inform the Consultant of the admission of all patients with complications or specified risk factors. The Divisional protocols are a guide for management.

The RMO will respond to calls from the wards, when other staff are unavailable, providing appropriate medical support in conjunction with the Obstetric Registrar.

Midwifery Group Practice
MGP is an all risk model of care.
At times, medical consultation may be requested; often this will involve transfer of care from the midwife to one of the Obstetric clinical units and should be discussed with the Registrar on duty.

Theatre
Assist at caesarean section and other operative procedures as requested.
Ensure pathology requests are completed.
Complete discharge summaries for day cases.

The Pre-admission Clinic
Patients undergoing elective caesarean section or gynaecological surgery are seen prior to their admission in the Pre-admission Clinic by the RMO, an anaesthetist and a midwife from Antenatal-gynaecology Ward.
The role of the RMO is to:
Take a history and perform relevant physical examination.
Order investigations, including FBC and a Group and Save, according to the Recommendations for Transfusion Requirements. The exceptions are patients transfused in the previous three months. Arrangements should then be made to take the Group and Save in the 48 hours prior to surgery.
Prescribe:
Bowel preparation according to the unit protocol
Prophylactic antibiotics according to the unit protocol
Prescribe thromboprophylaxis as indicated by the guidelines for thromboprophylaxis.
Discuss any problems regarding the case with the registrar or Consultant gynaecologist performing the surgery.
Consent for operation is usually obtained in the consulting clinic by the relevant gynaecologist, but if not, this may be completed in preadmission Clinic. If unfamiliar with the proposed procedure please seek guidance at that time from the Registrar or Consultant.

Discharge Responsibilities
At discharge, all patients must have a summary completed, to be forwarded
To the referring doctor as soon as possible after the discharge.

(OACIS for obstetric patient; handwritten long or short stay or Electronic for gynaecology patients).

Completion of summaries is the responsibility of <u>all</u> RMOs, not just the doctor allocated to the specific unit. Night duty and afternoons rostered to the wards are ideal times for keeping up-to-date.

No patient is to be discharged without consultation with the appropriate Registrar or Consultant. Plan to discharge postnatal patients first thing in the morning.

	The antenatal patients' hand-held records are to be updated with a brief summary. Appropriate follow-up is to be arranged.
SUPERVISION *Identify staff members with responsibility for Junior Doctor Supervision and the mechanisms for contacting them, including after hours. Contact details provided should be specific for that Term.*	**IN HOURS:** Supervision for RMOs will be provided by Registrars and Consultants. Senior staff are available by paging or mobile phone, with teaching provided by senior midwives, registrars and consultants.
	AFTER HOURS: Direct supervision from the Duty Registrar and remote supervision by the Consultant on call.
UNIT SPECIFIC TERM OBJECTIVES* *The Term Supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire that are specific to the Term. This should include reference to the attached ACFJD.* ***Generic term objectives** should also be noted on the attached ACFJD document.* *Both Unit specific and generic term objectives should be used as a basis of the mid and end of Term assessments.*	**CLINICAL MANAGEMENT** ***Obstetrics*** Care of a woman during normal labour and puerperium Identification and management of common obstetric complications Understand principles of perineal repair and perform under supervision Resuscitation of the newborn infant To be competent in the examination of women at various stages of pregnancy – including abdominal palpation, vaginal examination, cardiotocograph (CTG) interpretation. To be competent in the examination of a normal neonate. To have an increased awareness of the range of issues which confront a woman at various stages of her reproductive life and beyond. To be competent in the management of a normal vaginal delivery Including repair of an episiotomy or tear. ***Gynaecology*** Diagnosis and management of complications of early pregnancy. Understand principles of pre and post-operative care for gynaecological surgery. Understand, prescribe and explain the available methods of contraception. Understand, prescribe and explain the available methods of treatment for infertility. Refer to sub-specialist if required. Understand, prescribe and explain the various available methods of treatment for menopause.
	COMMUNICATION RMOs are expected to develop appropriate communication methods with other members of the multi-disciplinary team including other medical teams, nursing/midwifery staff, allied health staff as well as patients and their families and carers. RMOs are expected to learn methods for effective organisational and time management. It is also desirable that RMOs learn and have an understanding of grief reactions when giving bad news. **SAFETY LEARNING SYSTEM (SLS)** All incidents are reported via the Safety Learning system (SLS) and reported via the contact centre 1800668439.
	PROFESSIONALISM RMOs are expected to develop appropriate professional conduct including ethics, issues of confidentiality, open disclosure, standards of dress and timeliness. RMOs should develop and conduct themselves in a way that demonstrates a spirit of teamwork and co-operation.
EDUCATION *Detail learning and education opportunities and resources available*	**The Perinatal Medicine Education Programme includes the following education opportunities:**

to the junior doctor during the Term. Formal education opportunities should also be included in the unit timetable below.	**MONDAY** 0800-0900 X-ray & U/S round (Nursery/X-ray Room) Tuesday when a Public Holiday 1230-1330 Medical Grand Round 1400-1500 Obstetric Case Review (3rd Floor Tutorial Room) **WEDNESDAY** 1230-1330 O&G Grand Round (Radiology Lecture theatre). This is cancelled if the WCH grand round is an obstetric or gynaecologic topic. 1230-1330 WCH Grand Round (QV Lecture Theatre) **THURSDAY** 0730-0830 Neonatal Journal Club/, (3rd floor tutorial room) 0800-0900 WABS Education Meeting Review/ combined Anaesthetic / O&G meeting (Telehealth Room) 1230-1330 ADACS Meeting (QV Lecture Theatre) 1730-1830 (4th Friday of the Month) Perinatal Mortality Meeting **FRIDAY** 1600-1700 RANZCOG Tutorial Regular clinic meetings include 'The week that was' Perinatal Mortality and O&G Grand Round Obstetric Case Review. The education meeting at 08:00 every Thursday covers a broad range of topics in obstetrics, gynaecology and reproductive medicine as well as other topics relevant to obstetrics and gynaecology. All junior doctors attend a one day WCHN obstetric resuscitation emergency management operational skills training and teamwork workshop. All junior doctors attend the Neonatal Resuscitation program (NRP) a 3 hour course run by Neonatal Unit staff gaining skills and knowledge in neonatal resuscitation. Most junior medical officer education is 'practical and on-the-job', therefore RMOs and interns will: • Attend the obstetric clinic as rostered and at other times when available. • Attend gynaecology clinics when they are available. • Participate in operating theatre lists as rostered. Other hospital wide education opportunities that TMOs are encouraged to participate in include: Monday Medical Rounds and other Paediatric education sessions (as relevant/interested). **Please note the requirements at WCHN for completing the Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (DRANZCOG):** A limited number of RMOs wishing to complete the Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (DRANZCOG) will be selected by way of a competitive recruitment process. This ensures that doctors undertaking the diploma have increased opportunities and support to meet the requirements of this qualification. To participate in the Diploma you must indicate your preference during the WCHN recruitment process and you will be selected to take part in the diploma based upon your performance during the recruitment process (ie those assessed as having performed best and have the highest recruitment score will be offered the

	opportunity to undertake the Diploma). RMO's completing the DRANZCOG will be offered an additional week in Delivery suite and Nights to assist them meet the requirements of the Diploma. Please note these will be offered early on in your rotation to O&G and must be secured at this time. The rosters are completed in advance and last minute changes are not encouraged.

TIMETABLE – Education Session

The timetable should include term specific education opportunities, Facility wide education opportunities e.g JMO education sessions, ward rounds, theatre sessions (where relevant), inpatient time, outpatient clinics etc. It is not intended to be a roster but rather a guide to the activities that the JMO should participate in during the week.

	SAT	SUN	MON	TUE	WED	THU	FRI
						Neonatal Journal Club	
						Education Meeting	
AM	Ward Work	Birthing and Assessment Suite	Ward work (postnatal, antenatal, and Gynae inpatients)	Ward round with registrar (0730)	Birth and Assessment Suite	Ward work (postnatal, antenatal, and Gynae inpatients)	Antenatal Clinic
			Medical Round	Theatre assisting as required	O&G Round	ADACS Meeting	
			Obstetric Case Review			The Week that Was	RANZCOG Tutorials
PM	Off	Birthing and Assessment Suite	Ward work (postnatal, antenatal, and Gynae inpatients)	Preadmission Clinic	Birthing and Assessment Suite	Ward work (postnatal, antenatal, and Gynae inpatients)	Preadmission Clinic

Teaching opportunities:

RMO & Registrar teaching – Tuesday 16:30pm – 17:30pm
Perinatal Dysmorphology Meeting alt Wednesday 13:00 – 14:00
Perinatal Mortality Meeting monthly (week 4) Wednesday 13:00 – 14:00
Multidisciplinary Team Meeting (Gynae-Oncology) Thursday 08:00 – 09:00

PATIENT LOAD: *Average number of patients looked after by the junior doctor per day*	General Trainees service the Maternity outpatients and inpatients, antenatal and prenatal care, and gynaecology areas. The WCH delivers approximately 5,000 patients per year, averaging 12-14 patients per day. A General Trainee working in the gynaecology ward would generally discharge 5-10 patients per day and review emergency gynaecology admissions in the emergency department up to 3 per day.

OVERTIME *Average hours per week*	**ROSTERED** Some rosters have a few hours of overtime, many do not.	**UNROSTERED** Unrostered overtime is by exception and will need to be validated by the Director of Obstetrics
ASSESSMENT AND FEEDBACK *Detail the arrangements for formal assessment and feedback provided to junior doctor during and at the end of the Term. Specifically, a mid-term assessment must be scheduled to provide the junior doctor with the opportunity to address any short-comings prior to the end-of-term assessment.*	RMOs are given informal feedback regularly by the supervising Consultant within the Team to which they have been assigned (ie Team A, B or C) and a formal assessment will be completed at the end of the term by the supervisor in consultation with other staff in the DGM. **Term Assessment** It is the Junior Doctor's responsibility to make an appointment with their supervisor to discuss their term assessment. The assessment will cover clinical skills, team dynamics and communication with the patients and families. The term supervisor will then complete an end-of-term online assessment form and the MEO (Natalie Michael) will send this completed document to the Junior Doctor for their record. **Mid-Term Assessment** It is desirable and recommended that the RMO will have a planned mid-term discussion with their supervisor. If there are any performance concerns during the term these will be raised and also notified to the DCT (Dr David Everett), who will oversee any actions such as a performance improvement plan. Please note: If you are completing a 12 month rotation in O&G you will require 2 formal written assessments – 1 assessment at the end of term 2 and 1 assessment at the end of term 4. You are still expected to arrange a meeting to receive feedback from your term supervisor at the end of each term. All other PGY2+ are to arrange for formal written assessments at the end of each term.	
ADDITIONAL INFORMATION		

TERM DESCRIPTION DEVELOPED ON	December 2013
TERM DESCRIPTION VALID UNTIL	
DUE FOR REVIEW ON	December 2014

***********ATTACH RELEVANT CHECKLIST FOR ACFJDs TO THIS TERM DESCRIPTION*********

Clinical Management

Patient Assessment

Patient identification

☒ Follows the stages of a verification process to ensure the correct identification of a patient

☒ Complies with the organisation's procedures for avoiding patient misidentification

☒Confirms with relevant others the correct identification of a patient

History & Examination

☒ Recognises how patients present with common acute and chronic problems and conditions

☒Undertakes a comprehensive & focussed history

☒ Performs a comprehensive examination of all systems

☒ Elicits symptoms & signs relevant to the presenting problem or condition

Problem formulation

☒ Synthesises clinical information to generate a ranked problem list containing appropriate provisional diagnoses as part of the clinical reasoning process

☐ Discriminates between the possible differential diagnoses relevant to a patient's presenting problems or conditions

☒ Regularly re-evaluates the patient problem list

Investigations

☒ Judiciously selects, requests and is able to justify investigations in the context of particular patient presentation

☒ Follows up & interprets investigation results appropriately to guide patient management

☒ Identifies & provides relevant & succinct information when ordering investigations

Referral & consultation

☒ Identifies & provides relevant & succinct information

☒ Applies the criteria for referral or consultation relevant to a particular problem or condition

☒ Collaborates with other health professionals in patient assessment

Safe Patient Care

Systems

☒Works in ways which acknowledge the complex interaction between the healthcare environment, doctor & patient

☒Uses mechanisms that minimise error e.g. checklists, clinical pathways

☐ Participates in continuous quality improvement e.g. clinical audit

Risk & prevention

☒ Identifies the main sources of error & risk in the workplace

☒Recognises & acts on personal factors which may contribute to patient & staff risk

☒ Explains and reports potential risks to patients and staff

Adverse events & near misses

☒ Describes examples of the harm caused by errors & system failures

☒ Documents & reports adverse events in accordance with local incident reporting systems

☒Recognises & uses existing systems to manage adverse events & near misses

Public health

☒Knows pathways for reporting notifiable diseases & which conditions are notifiable

☐Acts in accordance with the management plan for a disease outbreak

☐ Identifies the key health issues and opportunities for disease and injury prevention in the community

Infection control

☒ Practices correct hand-washing & aseptic techniques

☒ Uses methods to minimise transmission of infection between patients

☒ Rationally prescribes antimicrobial / antiviral therapy for common conditions

Radiation safety

☒Minimise the risk associated with exposure to radiological investigations or procedures to patient or self

☒ Rationally requests radiological investigations & procedures

☒ Regularly evaluates his / her ordering of radiological investigations & procedures

Medication safety

☐ Identifies the medications most commonly involved in prescribing and administration errors

☒ Prescribes, calculates and administers all medications safely mindful of their risk profile

☐ Routinely reports medication errors and near misses in accordance with local requirements

Acute & Emergency Care

Assessment

☒ Recognises the abnormal physiology and clinical manifestations of critical illness

☒ Recognises & effectively assesses acutely ill, deteriorating or dying patients

☒ Initiates resuscitation when clinically indicated whilst continuing full assessment of the patient

Prioritisation

☒ Applies the principles of triage & medical prioritisation

☒ Identifies patients requiring immediate resuscitation and when to call for help e.g. Code Blue / MET

Basic Life Support

☒ Implements basic airway management, ventilatory and circulatory support

☐ Effectively uses semi-automatic and automatic defibrillators

Advanced Life Support

☐ Identifies the indications for advanced airway management

☐ Recognises malignant arrhythmias, uses resuscitation/drug protocols and manual defibrillation

☒ Participates in decision-making about and debriefing after cessation of resuscitation

Acute patient transfer

☒ Identifies when patient transfer is required

☒ Identifies and manages risks prior to and during patient transfer

Patient Management

Management Options

☒ Identifies and is able to justify the patient management options for common problems and conditions

☒ Implements and evaluates a management plan relevant to the patient following discussion with a senior clinician

Inpatient Management

☒ Reviews the patient and their response to treatment on a regular basis

Therapeutics

☒ Takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used

☒ Involves nurses, pharmacists and allied health professionals appropriately in medication management

☒ Evaluates the outcomes of medication therapy

Pain management

☒ Specifies and can justify the hierarchy of therapies and options for pain control

☒ Prescribes pain therapies to match the patient's analgesia requirements

Fluid, electrolyte & blood product management

☒ Identifies the indications for, & risks of, fluid & electrolyte therapy & blood products

☒ Recognises and manages the clinical consequences of fluid electrolyte imbalance in a patient

☒ Develops, implements, evaluates and maintains an individualised patient management plan for fluid, electrolyte or blood product use

☒ Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use

Subacute care

☒ Identifies patients suitable for & refers to aged care, rehabilitation or palliative care programs

☐ Identifies common risks in older and complex patients e.g. falls risk and cognitive decline

Ambulatory & community care

☒ Identifies and arranges ambulatory and community care services appropriate for each patient

Discharge planning

☒ Recognises when patients are ready for discharge

☒ Facilitates timely and effective discharge planning

End of Life Care

☐ Arranges appropriate support for dying patients

☐Takes account of legislation regarding Enduring Power of Attorney and Advanced Care Planning

Skills & Procedures

Decision-making

☒ Explains the indications, contraindications & risks for common procedures

☒ Selects appropriate procedures with involvement of senior clinicians and the patient

☒ Considers personal limitations and ensures appropriate supervision

Informed consent

☒ Applies the principles of informed consent in day to day clinical practice

☒Identifies the circumstances that require informed consent to be obtained by a more senior clinician

☒ Provides a full explanation of procedures to patients considering factors affecting the capacity to give informed consent such as language, age & mental state

Performance of procedures

☒ Ensures appropriate supervision is available

☒ Identifies the patient appropriately

☐ Prepares and positions the patient appropriately

☐ Recognises the indications for local, regional or general anaesthesia

☐Arranges appropriate equipment

☒ Arranges appropriate support staff and defines their roles

☒ Provides appropriate analgesia and/or premedication

☐ Performs procedure in a safe and competent manner using aseptic technique

☐ Identifies and manages common complications

☐ Interprets results & evaluates outcomes of treatment

☒ Provides appropriate aftercare & arranges follow-up

Skills & Procedures

☒ Venepuncture

☒ IV cannulation

☒ Preparation and administration of IV medication, injections & fluids

☐Arterial puncture in an adult

☒ Blood culture (peripheral)

☒ IV infusion including the prescription of fluids

☒IV infusion of blood & blood products

☐ Injection of local anaesthetic to skin

☒ Subcutaneous injection

☒ Intramuscular injection

☐ Perform & interpret an ECG

☐ Perform & interpret peak flow

☐ Urethral catheterisation in adult females & males

☒ Airway care including bag mask ventilation with simple adjuncts such as pharyngeal airway

☐ NG & feeding tube insertion

☒ Gynaecological speculum and pelvic examination

☒ Surgical knots & simple suture insertion

☐Corneal & other superficial foreign body removal

☐ Plaster cast/splint limb immobilisation

Clinical Symptoms, Problems & Conditions

Common Symptoms & Signs

☒ Fever

☒ Dehydration

☒ Loss of Consciousness

☒ Syncope

☐ Headache

☐ Toothache

☐ Upper airway obstruction

☐ Chest pain

☐ Breathlessness

☐ Cough

☐ Back pain

☒ Nausea & Vomiting

☐ Jaundice

☒ Abdominal pain

☐ Gastrointestinal bleeding

☒ Constipation

☐ Diarrhoea

☒ Dysuria / or frequent micturition

☒ Oliguria & anuria

☒ Pain & bleeding in early pregnancy

☒ Agitation

☒ Depression

Common Clinical Problems and Conditions

☐ Non-specific febrile illness

☒ Sepsis

☒ Shock

☐ Anaphylaxis

☐ Envenomation

☒ Diabetes mellitus and direct complications

☐ Thyroid disorders

☐ Electrolyte disturbances

☒ Malnutrition

☒ Obesity

☐ Red painful eye

☐ Cerebrovascular disorders

☐ Meningitis

☐ Seizure disorders

☒ Delirium

☐ Common skin rashes & infections

☐ Burns

☐ Fractures

☐ Minor Trauma

☐ Multiple Trauma

☐ Osteoarthritis

☐ Rheumatoid arthritis
☐ Gout
☐ Septic arthritis
☒ Hypertension
☐ Heart failure
☐ Ischaemic heart disease
☐ Cardiac arrhythmias
☐ Thromboembolic disease
☐ Limb ischaemia
☐ Leg ulcers
☐ Oral infections
☐ Periodontal disease
☐ Asthma
☐ Respiratory infection
☐ Chronic Obstructive Pulmonary Disease
☐ Obstructive sleep apnoea
☐ Liver disease
☐ Acute abdomen
☐ Renal failure
☒ Pyelonephritis & UTIs
☒ Urinary incontinence & retention
☒ Menstrual disorders
☒ Sexually Transmitted Infections
☐ Anaemia
☐ Bruising & Bleeding
☐ Management of anticoagulation
☒ Cognitive or physical disability
☒ Substance abuse & dependence
☐ Psychosis
☒ Depression
☒ Anxiety
☒ Deliberate self-harm & suicidal behaviours
☐ Paracetamol overdose
☐ Benzodiazepine & opioid overdose
☐ Common malignancies
☐ Chemotherapy & radiotherapy side effects
☐ The sick child
☒ Child abuse
☒ Domestic violence
☐ Dementia
☐ Functional decline or impairment
☐ Fall, especially in the elderly
☐ Elder abuse
☐ Poisoning/overdose

Professionalism

Doctor & Society

Access to healthcare
☒ Identifies how physical or cognitive disability can limit patients' access to healthcare services
☒ Provides access to culturally appropriate healthcare
☒ Demonstrates and advocates a non - discriminatory patient-centred approach to care
Culture, society healthcare
☒ Behaves in ways which acknowledge the social, economic political factors in patient illness
☒ Behaves in ways which acknowledge the impact of culture, ethnicity, sexuality, disability & spirituality on health
☒ Identifies his/her own cultural values that may impact on his/her role as a doctor
Indigenous patients
☒ Behaves in ways which acknowledge the impact of history & the experience of Indigenous Australians
☒ Behaves in ways which acknowledge Indigenous Australians' spirituality & relationship to the land
☒ Behaves in ways which acknowledge the diversity of indigenous cultures, experiences & communities
Professional standards
☒ Complies with the legal requirements of being a doctor e.g. maintaining registration
☒ Adheres to professional standards
☒ Respects patient privacy & confidentiality
Medicine & the law
☒ Complies with the legal requirements in patient care e.g. Mental Health Act, death certification
☒ Completes appropriate medico-legal documentation
☐ Liaises with legal & statutory authorities, including mandatory reporting where applicable
Health promotion
☒ Advocates for healthy lifestyles & explains environmental lifestyle risks to health
☒ Uses a non-judgemental approach to patients & his/her lifestyle choices (e.g. discusses options; offers choice)
☐ Evaluates the positive & negative aspects of health screening and prevention when making healthcare decisions
Healthcare resources
☒ Identifies the potential impact of resource constraint on patient care
☒ Uses finite healthcare resources wisely to achieve the best outcomes
☐ Works in ways that acknowledge the complexities & competing demands of the healthcare system

Professional Behaviour

Professional responsibility
☒ Behaves in ways which acknowledge the professional responsibilities relevant to his/her health care role
☒ Maintains an appropriate standard of professional practice and works within personal capabilities
☒ Reflects on personal experiences, actions & decision-making
☒ Acts as a role model of professional behaviour
Time management
☒ Prioritises workload to maximise patient outcomes & health service function
☒ Demonstrates punctuality
Personal well-being
☒ Is aware of, & optimises personal health & well-being
☒ Behaves in ways to mitigate the personal health risks of medical practice e.g. fatigue, stress
☒ Behaves in ways which mitigate the potential risk to others from your own health status e.g. infection
Ethical practice
☒ Behaves in ways that acknowledge the ethical complexity of practice & follows professional & ethical codes
☒ Consults colleagues about ethical concerns
☒ Accepts responsibility for ethical decisions
Practitioner in difficulty
☒ Identifies the support services available
☒ Recognises the signs of a colleague in difficulty and responds with empathy
☐ Refers appropriately
Doctors as leaders
☒ Shows an ability to work well with & lead others
☐ Exhibits leadership qualities and takes leadership role when required
Professional Development
☒ Reflects on own skills & personal attributes in actively investigating a range of career options
☒ Participates in a variety of continuing education opportunities
☒ Accepts opportunities for increased autonomy and patient responsibility under their supervisor's direction

Teaching, Learning & Supervision

Self-directed learning
☒ Identifies & addresses personal learning objectives
☒ Establishes & uses current evidence based resources to support patient care & own learning
☒ Seeks opportunities to reflect on & learn from clinical practice
☒ Seeks & responds to feedback on learning
☒ Participates in research & quality improvement activities where possible
Teaching
☐ Plans, develops & conducts teaching sessions for peers & juniors
☐ Uses varied approaches to teaching small & large groups
☐ Incorporates teaching into clinical work
☐ Evaluates & responds to feedback on own teaching
Supervision, Assessment & Feedback
☒ Seeks out personal supervision & is responsive to feedback
☒ Seeks out and participates in personal feedback and assessment processes
☐ Provides effective supervision by using recognised techniques & skills (availability, orientation, learning opportunities, role modelling, delegation)
☐ Adapts level of supervision to the learner's competence & confidence
☐ Provides constructive, timely and specific feedback based on observation of performance
☐ Escalates performance issues where appropriate

Communication

Patient Interaction

Context
☒ Arranges an appropriate environment for communication, e.g. privacy, no interruptions & uses effective strategies to deal with busy or difficult environments
☒ Uses principles of good communication to ensure effective healthcare relationships
☒ Uses effective strategies to deal with the difficult or vulnerable patient
Respect
☒ Treats patients courteously & respectfully, showing awareness & sensitivity to different backgrounds
☒ Maintains privacy & confidentiality
☒ Provides clear & honest information to patients & respects their treatment choices
Providing information
☒ Applies the principles of good communication (e.g. verbal & non-verbal) & communicates with patients & carers in ways they understand
☒ Uses interpreters for non-English speaking backgrounds when appropriate
☒ Involves patients in discussions to ensure their participation in decisions about their care
Meetings with families or carers
☒ Identifies the impact of family dynamics on effective communication
☒ Ensures relevant family/carers are included appropriately in meetings and decision-making
☒ Respects the role of families in patient health care
Breaking bad news
☐ Recognises the manifestations of, & responses to, loss & bereavement
☐ Participates in breaking bad news to patients & carers
☐ Shows empathy & compassion
Open disclosure
☒ Explains & participates in implementation of the principles of open disclosure
☐ Ensures patients & carers are supported & cared for after an adverse event
Complaints
☒ Acts to minimise or prevent the factors that would otherwise lead to complaints
☒ Uses local protocols to respond to complaints
☒ Adopts behaviours such as good communication designed to prevent complaints

Managing Information

Written
☒ Complies with organisational policies regarding timely & accurate documentation
☒ Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries
☒ Uses appropriate clarity, structure and content for specific correspondence e.g. referrals, investigation requests, GP letters
☒ Accurately documents drug prescription, calculations and administration
Electronic
☒ Uses electronic resources in patient care e.g. to obtain results, populate discharge summaries, access medicines information
☒ Complies with policies, regarding information technology privacy e.g. passwords, e-mail & internet, social media
Health Records
☒ Complies with legal/institutional requirements for health records
☒ Uses the health record to ensure continuity of care
☒ Provides accurate documentation for patient care
Evidence-based practice
☒ Applies the principles of evidence-based practice and hierarchy of evidence
☒ Uses best available evidence in clinical decision-making
☐ Critically appraises evidence and information
Handover
☒ Demonstrates features of clinical handover that ensure patient safety & continuity of care
☒ Performs effective handover in a structured format e.g. team member to team member, hospital to GP, in order to ensure patient safety & continuity of care

Working in Teams

Team structure
☒ Identifies & works effectively as part of the healthcare team, to ensure best patient care
☒ Includes the patient & carers in the team decision making process where appropriate
☐ Uses graded assertiveness when appropriate
☒ Respects the roles and responsibilities of multidisciplinary team members
Team dynamics
☒ Demonstrates an ability to work harmoniously within a team, & resolve conflicts when they arise
☒ Demonstrates flexibility & ability to adapt to change

☒ Identifies & adopts a variety of roles within different teams

Case Presentation

☒ Presents cases effectively, to senior medical staff & other health professionals